ENTRY BLANK

PLEASE TYPE OR PRINT

□ Ms.

MAR Artist RICHARD FLORELL

A WILLALUST		
		(Last Name Last
Permanent 36	9 HIGH TEE	WILLOWICK
	Street	City
44094	2 Daytime Tel. (16 943-1033
Zip	Area Code	
Temporary or Studio Address	SAMEAS	ABOVE.
	Street	City
	Daytime Tel. ()
Zip	Area Code	
If you do not pr	esently live in one of t	he counties of the
Western Reserv	e, in which county were	you born?
Collaborator	NONE	
	(If Any)	
If May Show en	tries are not accepted	or not sold:
X Artist will pic	ck up at Museum.	

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense

to this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Richard Frinells

ON NOT DETACH

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